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## ORIGINAL DEPARTMENT.

### Communications.

#### VESICO-VAGINAL FISTULA:

Its History and Treatment.

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(Continued from page 274.)

There is another instrument, (Mr. HILLIARD'S, of Glasgow,) designed to secure the edges of large fistulæ while being pared, and which consists of a long shank, with a small thread at its extremity, on which may be secured various sized forks for transfixing, and on this shank a sliding rod, bearing a bar which may be pushed

FIG. 53.



FIG. 54.



forward, and then drawn back between the forks, so as to compress and secure the included tissue. Figs. 53 and 54, exhibit the instrument and its

application. There is no objection to having all these instruments, if the taste and the circumstances of the surgeon allow it; but that such are essential, or even necessary to the proper execution of the operation, is certainly not correct.

*Arrest of Hemorrhage.* The bleeding which follows the foregoing process is not generally very profuse, stopping under the application of cold water, or a lump of ice inserted into the vagina, or even under the styptic influence of the atmosphere; but occasionally cases will be met with where the discharge of blood proves both copious and persistent. To control such irregularities, I have found a small stream of cold water, steadily directed on the parts from a large syringe, singularly efficacious. Should this not succeed, the stitches should be inserted, and the edges drawn firmly together, when it will cease, just as the approximation in a case of hare lip arrests the hemorrhage.

*The Direction of Approximation.* Most operators favor an approximation of the sides of the fistula transversely, yet there are no reasons why they may not be closed longitudinally. Case 15 is an example in point. Such conditions as the following, will indicate such an apposition; as when the fistula runs to any great extent longitudinally; or when it is low, and either so great a loss of substance, or so unyielding a character of tissue, as to make too much traction when brought together on the lower wall of the urethra, endangering a subsequent incontinence of urine.

*Introduction of the Sutures.* This is regarded by many as the most difficult part of the operation. The needle bearing the wire is placed in the grasp of the needle-holder, and whilst the proximal border of the fistula is steadied by the forceps, is entered at the middle of the wound, three-eighths of an inch from the freshened surface, brought out at the mucous membrane of the bladder, (not including it,) carried across the opening, made to enter the opposite side, and emerge the same distance above its raw surface. The needle-holder is now disengaged from the needle, by simply pressing the upper blade of the instrument while the spring is being pressed for-

ward by the thumb, made to seize the extremity now through the upper border of the fistula, and while the parts are supported, by applying to them the hook at the end of the forceps, (Fig. 55,) the needle is drawn through, turned and brought out of the vagina. When the sides of

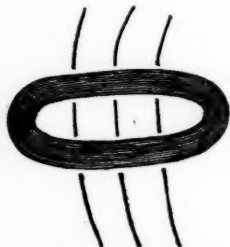
FIG. 55.



Needle in the grasp of the needle-holder carried through the fistula, and the hook at the end of the forceps placed between the tissues and its point, to favor its passage by counter-pressure.

the opening are too wide apart, the needle cannot be made to penetrate both at once, and therefore it must be drawn through them in succession. In this manner the requisite number of threads are inserted, the distance between them being a trifle less than one-fourth of an inch, (Fig. 56.)

FIG. 56.



Exhibits the threads passed.

As each is deposited in its proper place the needle is to be removed, the ends of the wire twisted together, and given in charge of one of the assistants supporting the thighs.

*Adjustment.* In the important stage of adjustment, the wire first inserted is separated from the others, and the ends passed through the hole of the adjuster at the end of the forceps. As the latter is slid down, the wire is drawn upon until the edges of the wound are brought into accurate contact. The set which the wire thus obtains, is sufficient of itself temporarily to maintain the apposition. All of the threads are subjected successively to this process, and while being done, care must be observed that the edges be properly everted, so as to secure the contact of raw surfaces, and also, that no clot be permitted to lie between them.

The next step is to secure the sutures permanently, and for this purpose it has been my almost uniform practice to use perforated pellets of shot. These are run down the wires, then seized with the strong compressing forceps, and while the metallic threads are being drawn upon, pressed firmly against the line of adjustment, and then compressed so as securely to maintain their position. The sutures are next cut off, close to the shot, leaving no projecting ends to irritate the soft parts, (Fig. 57,) the speculum with-

FIG. 57.



Exhibits the edges of the wound apposed, the shot compressed on the wires, and the latter cut off.

drawn, the blood sponged away, and the patient placed on her back, on the bed prepared for her reception, after which the catheter is to be introduced into the bladder, and carefully watched, to see if the urine flows freely through its canal. In order to keep the clothing of the patient and the bed perfectly dry, a light piece of gum elastic tubing may be drawn over the end of the catheter, and its other extremity inserted into a bottle, which shall lie between the patient's limbs; or a small earthen vessel or cup may be placed beneath the instrument, and receive the urine as it drops from its extremity.

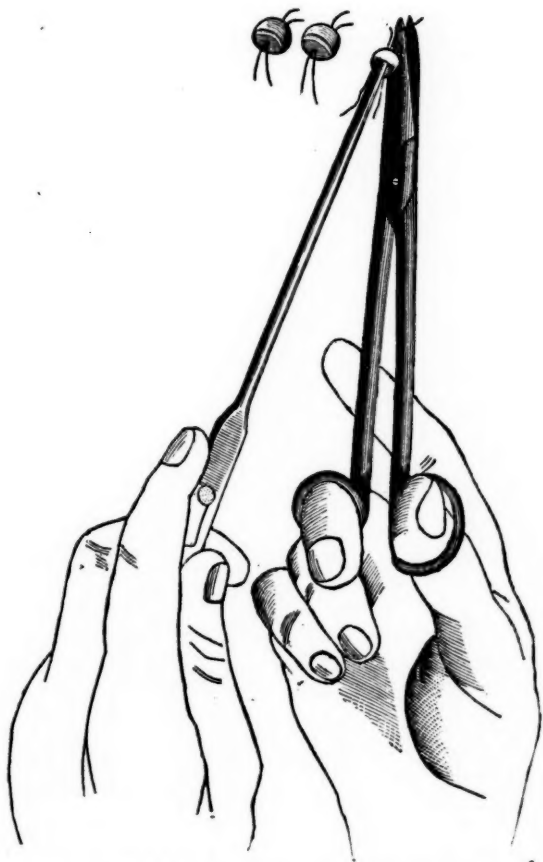
*After Treatment.* Too much importance cannot be attached to the after management of the case, as on this will depend, in a great degree, the success of the operation. The nurse should

understand the manner of introducing and removing the catheter; if she does not, five minutes instruction, by showing her the mode, will suffice to enable her to do so, unless she be unusually dull of apprehension or imitation. It should be examined frequently to see that no obstruction exists, that it does not become misplaced, and that the urine drops freely. This is imperative, for it often happens for the first twelve or twenty-four hours, that small coagulæ of blood are expelled from the bladder, and which may obstruct the instrument. Two catheters should be always on hand, so that one may be introduced immediately on the withdrawal of the other. After thirty-six or forty-eight hours, twice a day will be sufficient to change the instrument, in the morning, and at bed time; and it can best be cleared of mucus, and other mat-

ters, by inserting the nozzle of a syringe into one end, and forcing through it a stream of water. If the bladder is kept perfectly empty, the collapsed state of its walls will prevent all tension on the sutures, and diminish greatly the chances of urine getting between the edges of the wound, an accident which will almost always defeat the union. The position best suited to the patient is that on the back, although there are no objections to her turning for a short time on the side to relieve a sense of weariness or discomfort.

The next important thought is to lock up the bowels, and keep her free from all pain and uneasiness. For these ends we have no better agent than opium. One or two grains should be given as soon as she is adjusted in bed, after which, from a third to half a grain, three times a day, for five or six days, will answer. From this, until the

FIG. 58.



Shows the suture seized with the forceps and being clipped by the scissors.  
From SIMPSON'S work on Diseases of Women.

removal of the stitches, the fourth of a grain, morning, noon, and night, will maintain the effect produced. I do not think there is any advantage in exhibiting this drug, beyond what is just sufficient to keep the bowels quiet; more than this tends to impair the digestion, disturb the secretions, and destroy the appetite. Occasionally the patient will be seized with an uncontrollable desire to bear down, or an involuntary contraction of the bladder, often driving the catheter from the urethra; in such conditions we must resort to enemata, consisting of two or three tablespoonfuls of flaxseed tea, or starch-water, with forty drops of laudanum, repeated once or twice in the twenty-four hours, if necessary. No injections of water into the vagina should be practiced, as directed by some; nor any explorations with the finger; the vaginal mucus which collects about the wound, and the sutures, does no harm whatever. Should the patient be annoyed with tympanitic distension of the abdomen, which not unfrequently occurs, a little camphor-water and aromatic spirits of ammonia may be given, or a little turpentine in mucilage of gum acacia, from time to time.

*Diet.* The patient should be allowed a liberal but unirritating diet. Milk, soft-boiled eggs, cream toast, chicken, or beef broth, mutton chop, with coffee and tea, offer a sufficient list from which to select her food.

*Removal of the Sutures* On the eighth or ninth day after the operation, the stitches should be removed, and for this purpose the patient may be placed on the side, her limbs well drawn up, and hips over the edge of the bed, before a good light; or she may rest on her knees and elbow. The removal of the sutures not being painful, the administration of an anæsthetic is unnecessary, unless the patient be timid, and shrink from the exposure; in which event it should be given. The number of assistants requisite for the object in view will be determined by the taking or not taking an anæsthetic. In the former, there will be needed one to take charge of the ether or chloroform, and two to support the limbs and manage the speculum. In the other case, a single assistant will be sufficient. The catheter being removed, the patient is placed in position, and the speculum inserted and given to the assistant. The parts being satisfactorily exposed, the surgeon clears away the mucus from the sutures with a piece of moistened sponge; then taking hold of a shot with the long forceps, lifts it from the parts until the wire is distinctly seen, and with the scissors clips it on the proximal side, (Fig. 58,) straightening the end at the same

time by pressing it outward with the blade of the instrument. This done, plant the blade of the scissors against the loop on the distal side, and drawing on the shot with the forceps, the suture will come away by revolving about the blade of the scissors as a *point d'appui*, (Fig. 59.)

FIG. 59.



Exhibits one of the stitches after its removal, with the shot attached. The loop should be represented more open.

The detail given in what may seem a very simple matter will be appreciated when the reader who has not, may have occasion to perform the operation. If neatly executed, it will save the patient some sharp pain, and not endanger the laceration of the cicatrix. The stitches being all removed, after the manner just explained, the result will be revealed; if favorable, the patient is to be replaced in bed and the catheter again introduced.

After two or three days the bowels should be opened by administering a teaspoonful of castor oil, or a seidlitz powder every four or five hours until a free evacuation is procured. The object in thus exhibiting the cathartic is to thoroughly liquefy, or soften the fecal accumulations, and prevent tension or straining during defecation. This result may be promoted by the employment of an enema of tepid water just before the evacuation. For five or six days after the removal of the stitches, the patient must continue in bed, and wear the catheter, in order to take off all tension from the cicatrix, and allow it to attain considerable consolidation. After this, the instrument may be removed and she may be allowed to walk about, remembering to pass the urine frequently, and not allow the bladder for several weeks to become distended. Should the union not have taken place, and a considerable portion of the fistula remain unclosed, the catheter may be removed at once, the bowels opened, and the patient allowed to rise and go about as usual. When it is discovered that union has taken place save at a single point, so small, for instance, as to be readily closed by a single stitch, introduce at once that stitch, scarify well the edges, and approximate as before; continuing the management of the case in all respects as in the primary operation for six or eight days longer; the probabilities are it will succeed. In one of my cases, (Case 3,) it was so done, and with complete success. No apprehension need be entertained in regard to keeping the bowels so long confined.

*Causes of Failure.* These will be found referable to some one of the causes enumerated below. 1st, imperfect freshening of the margins of the fistula; 2d, mal-adjustment; 3d, insufficient tissue from loss of substance, thereby rendering the permanency of the sutures uncertain; 4th, diarrhoea accompanied with tenesmus; 5th, soft state of the tissues, permitting the sutures to cut through readily; 6th, enfeebled state of the health; 7th, thin condition of the sides of the opening; 8th, proximity to the cervix uteri.

In regard to the first and second, the fault being with the operator, can only be remedied by care and experience. The third is not always incapable of being remedied; much may be done by deep stitches, incisions to relieve tension, and rather than abandon the case as hopeless, a plastic operation as practised by JOBERT, taking a flap from the inner surface of the labium. Should these fail, then it would be better, rather than allow the woman to remain in so miserable a condition, to freshen the outlet of the vagina, and close up the canal, making a common cavity of it and the bladder. The fourth complication (diarrhoea and tenesmus) will be best met by enematas of laudanum, or suppositories of opium. The sixth (feeble health) by tonics, nutritious diet, and pure air. Seventh, (thin edges of the fistula;) these may be greatly improved by scarifications, and the application of the nitrate of silver every three or four days to the circumference of the opening. Eighth, (proximity to the cervix uteri); when the fistula is situated in or extends to the cul de sac between the vagina and the anterior part of the cervix, any operation for its closure, including only the vesico-vaginal septum, will be likely to prove abortive. To obviate this difficulty when the ordinary method fails, the anterior semi-circumference of the cervix should be freshened, and the vesico-vaginal, similarly treated, stitched to it, thus turning the os into the bladder. In one of my cases, (Case 2,) such a plan was successfully adopted, and the women continue to menstruate regularly through the bladder without any inconvenience whatever.

Failure ought not in any way to discourage either patient or the surgeon. The rule is to operate until the case is cured, as such a consummation is certain, unless there be some unusual state of things present. One caution is necessary here: The operation should not be repeated until at least six weeks have elapsed.

*Sequels* There sometimes follows a successful closure of the fistula a certain degree of incontinence of urine, which is due generally to one of

two causes. First, loss of power in the sphincter vesicæ, permitting the urine to escape when the bladder is distended, or during coughing, sneezing, or even laughing. This condition may follow when fistula has been at the neck of the bladder. The second cause is shortening of the lower wall of the urethra, with a patulous condition of the meatus—as in cases where the opening is low down, with such a loss of substance that when the stitches are inserted, and the parts drawn together, the traction produces the effect already stated on the urinary canal.

To remedy these defects, tonics, cantharides, and strychnia have been prescribed; yet, after all, time is the great restorer, as the parts tend gradually to assume their original condition. Should the incontinence be so great as to produce much discomfort, an elastic ring pessary may be passed within the orifice of the vagina. In one case, (No. 14,) I had to resort to this, with the most complete success.

[To be continued.]

# BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine)

## VIII.

Augustus Kinsley Gardner, M. D.

Pan-provoking thyme—William Shenstone.

The subject of the present sketch, like his father, SAMUEL JACKSON GARDNER, was an only son, but had two sisters, MARY B. and CHARLOTTE. His mother was Miss MARY BELLONS KINSLEY. On his father's side the family can trace as far back as to within twenty years of the landing of the "May Flower;" and on looking over the list of passengers we find that a GARDNER was on board. His grandfather KINSLEY was the first representative to Congress from Maine, and, at one time, Judge of the Court of Common Pleas. His grandmother KINSLEY was daughter of BELLONS, the first settler of Bellows' Falls, N. H.; while his grandmother GARDNER came from the JACKSON family of Massachusetts, and died at the age of ninety-two.

Dr. GARDNER was born at Roxbury, Mass., July 31st, 1821. He first attended the grammar school in that place, and for three years was a student at the Walpole Academy, N. H. He subsequently passed three years at the Academy, Exeter, N. H., pursuing a course of study under the direction of the same tutor who had instructed EDWARD EVERETT, DANIEL WEBSTER, CASS, and many other noted men. This was during the last three years of the presidency of the celebrated



BENJAMIN ABBOTT, LL.D., etc., a man universally beloved and respected; delightfully genial, and looked up to by his ambitious pupils. Every year this careful training of the first principles of moral and physical education, is more appreciated. He entered Harvard College, the alma mater of his father and grandfather KINSLEY, and was in the class that graduated in 1842. During his collegiate course he did not confine himself to the immediate plan of study laid down by rule, but followed a desultory system of reading and general observation, that did much towards enlarging his mind and training his faculties for other pursuits. This brought down on him the censure of his professors, who did not approve of the sacrifice of the classics and mathematical paradoxes, on the altar of light literature and the study of law—so his father was notified, at the end of his junior year, that "he was not making sufficient use of his time to render his further stay desirable." The embarrassed state of his father's finances, at this time, rendered it advisable to withdraw him from the institution, where he had been kept in accordance with the expressed desire of his mother, then deceased. He accordingly left; immediately commenced the study of medicine, and was formally graduated from Harvard University Doctor of Medicine, in 1844.

Though deprived of his classical diploma, his subsequent advancement in general culture and professional ability caused that college, without solicitation, to bestow on him the degree of A. M., in 1852, "in token of their high appreciation of his distinguished attainments."

Previous to the Doctor's professional studies he followed no business whatever, saving a few months as teacher in a county school, during two winter vacations of eight weeks each. During his short experience, however, he became so fascinated by this course of life that, at one time, he strongly entertained the idea of keeping school for the instruction of young men as a means of livelihood. This was occasioned likewise by the expense incident to the study of medicine, and the paucity of his funds. But the career promised so little in a financial point of view, and opened so small a path to ambition, that he decided in favor of *Æsculapius*; and has since remained a steady follower of the healing art.

Dr. GARDNER availed himself of an excellent preparatory course of practical study, while in the offices of several able physicians. He passed two years in the Marine Hospital, Chelsea, Mass., under Dr. GEORGE W. OTIS, Jr.; eight months in the Poor House Lunatic Asylum, South Boston,

with Dr. CHARLES H. STEDMAN; and also spent some time at the Vermont Medical School, under Drs. BIGELOW, REYNOLDS, STORER, HOLMES, J. B. S. JACKSON, etc. From the first day of his life as a medical student, till within four months of his graduation, he slept in a hospital, and passed his time in putting up prescriptions, compounding drugs, dressing wounds, pulling teeth, and attending the insane, and women in labor; being, at times, placed in charge of very responsible positions. For the first two years he followed this course without one week's respite. He had failed in college, where he had been sent contrary to his desire; but in his medical capacity succeeded, for he was doing that which pleased his taste, and afforded him more real pleasure than the exercise of any recreation: and even at the present time he enters into the science of treatment with fervor and enthusiasm.

Dr. GARDNER'S Thesis was on "Syphilis"—and diseases of that character still continue to interest him.

In the fall of 1844 he visited Europe, and returned in the autumn of 1845, having passed the winter and spring in Paris, and the summer in Switzerland. During his residence abroad he went down the Rhine, passed through Holland and Belgium, and stayed a short time in London. He derived much benefit from the special kindness of DRUOIS, at the Lying-in Hospital of the School of Medicine, which accorded many privileges to native students, who petitioned the government, and a law was passed for his benefit, to the effect that no foreign students should receive any privileges superior to those granted to French students. This went into effect the day before he left Paris.

It was during Dr. GARDNER'S sojourn in Europe that he wrote that spicy and genial book entitled "Old Wine in New Bottles, or the Spare Hours of a Student in Paris," which met with a favorable reception, was ably reviewed, and is excellent for reminiscent reference. In speaking of this work, Mr. DUYCKINCK calls it "a clever volume."\*

His style is sharp, to the point, facetious, and decided. When he knows a fact he is not afraid to say so. His outspoken thoughts have cost him friends, but truth is at the bottom of his statements.

Dr. GARDNER has practised chiefly in New York city; was six years Attending Physician to the City Dispensary; six to the Northern Dispensary, having charge of the class of diseases of females and children; and was also Physician

\* See *Cyclopedia of American Literature*, Vol. II.

to the Lying-in Asylum District many years. He had at one time the sole charge of the Private Hospital, Bloomingdale, for three years, attending from two to five hundred patients of all grades, and afflicted with divers diseases. Out of one hundred and fifty-four cases of ship fever, which were placed under his special supervision, one fall, he lost but two. To use his own words, in answer to my question, "The books said never give stimulants in fever with a cracked tongue; I commenced on my own authority to stimulate freely these patients, starved into disease, and hence my success. The practice was soon universal—others coincidentally adopting the same treatment." Notwithstanding the prejudice to the contrary, it is the experience of many physicians that it is far more difficult to introduce a new remedy, or different style of treatment, for an old disease, in a hospital, than to try the experiment on a private patient. In one instance, consulting physicians are notified of the fact. Junior and senior walkers have their own notions, and discuss "this singular freak" freely. But not a few lives have been saved by an independent boldness of action, based as it is on scientific deductions, and a system of exclusive reasoning.

Dr. GARDNER married Miss ANNA LOUISA HIDDEN, of New York, June 27th, 1850, and has had two daughters, now living, and one son, who died of hooping cough, when six weeks old. His religious faith is that of an Unitarian of the CHANNING and DEWEY type. His height 5 feet 6½ inches, and his weight, till within three years past, 115 lbs. It is now, however, 140 lbs. His health, during a laborious life, with the exception of an occasional attack of dyspepsia, has been universally excellent.

On writing to ask the Doctor his opinion of the habit of smoking, I received the following reply:

"I do not smoke. In moderation it produces little effect. Immoderately used, it is often for a long time innocuous; but is pretty sure to be perceptible in its effects, sooner or later; not so much in causing disease, as interfering with the functions of organs, producing dyspepsia, palpitation of the heart, (daily seen in my examinations for life insurance,\*) affecting diseased and weakly persons of all descriptions."

His practice has been of a general character, but that which has most occupied his attention has been obstetrics and the diseases of women

and children; though his taste more particularly runs in the direction of diseases of the brain, but a want of opportunity to act in this capacity has deprived him of putting his theories in practice.

During the war, when the South was so effectually blockaded that many of the inhabitants of the chill and fever districts suffered materially for want of the proper remedies, which were systematically excluded from the rebels, Dr. GARDNER made bold, during a medical convention in New York, to put on record his formal protest against what he termed inhuman and uncivilized conduct on the part of the authorities; and he made a motion to the effect that quinine and other remedial agents of a similar nature be permitted free circulation past our lines. This was voted down, with severe remarks, and the motion was lost. As no one can doubt the Doctor's patriotism, there are some now living who applaud his kindness of heart, and give credit to so bold a step as the unsuccessful attempt to speak out before a community sentiments repulsive to the majority of those present.

Dr. GARDNER was the original proposer of drinking hydrants or fountains in New York, as may be seen by his letter to DANIEL F. TIEMAN, in the *New York Daily Times*. He was also the first to give chloroform in labor in New York, as reported to the Academy of Medicine.

On asking him if he would be a Doctor again, he replied, "Of course, yes; The noblest study of mankind is man. The better we know man, the better we know God. The better we serve man, the fitter we are to serve God. In fact, we cannot serve God in any higher way than in serving man, providing we do it for the sake of humanity, and not for the mere dollar. Aim high, and we will approximate something nearer than if we aim lower."

His works are as follows:

1. Old Wine in New Bottles, or the Spare Hours of a Student in Paris.
2. TYLER SMITH's Lectures. Edited with some hundred pages of additional matter.
3. Diseases of the Sexual Organs of Females, by SCANZONI. Translated from the French, with one hundred pages of additional and original matter.
4. Essay on Ergot, in the N. Y. Journal of Medicine.
5. Essay on Swill Milk, delivered before the New York Academy of Medicine.
6. Report on the Meat of New York. N. Y. Journal of Medicine.

\* On the death of the late RICHARD S. KISSAM, Dr. GARDNER was appointed Examining Physician in the Connecticut Mutual Life Insurance Company, and during the last year, since its organization, Examiner of the Connecticut General Life Insurance Company.

7. Drinking Hydrants proposed in New York. See "Times."
8. Report on the Hygienic Character of the Sewing Machine, before New York Academy of Medicine.
9. Elaborate Report on Surgical Instruments, at the World's Fair, New York.
10. Report on the First Administration of Chloroform in Labor in New York.
11. Contributed for years an average of many columns a week to the Newark Daily Advertiser.
12. Also wrote many articles for the New York Times.
13. Ditto, many articles for the New York Tribune.
14. Ditto, many articles for Life Illustrated.
15. Ditto, many articles for the New York Sun.
16. Ditto, many articles for the New World.
17. Ditto, many articles for the Knickerbocker Magazine.
18. Ditto, many articles for Graham's Magazine.
19. Ditto, many articles for the American Journal of Medical Sciences.
20. Ditto, many articles for the New York Journal of Medicine.
21. Ditto, many articles for the American Medical Monthly.
22. Ditto, many articles for the Annalist, etc. etc.
23. And was the correspondent of newspapers in New Orleans.
24. Correspondent of papers in Maine.
25. " " " " Boston.

And contributed an occasional squib or criticism on some recent publications in other journals.

26. Causes and Curative Treatment of Sterility.
27. An arrangement has recently been made with him by the Publisher of Braithwaite's Retrospect, that he become the editor of the American edition, and add such original matter as may bear directly on anything of a medical line that may have had its origin in the United States.

Dr. GARDNER has invented:

1. A Guard Crochet.
2. Modifications of Vectis.
3. " " " Crochet.
4. " " " Craniotomy Forceps.
5. And various instruments for the Treatment of Uterine Diseases.

— The city of Tours, in France, has a statue of the illustrious philosopher, Descartes, in one of its public places, with the motto on its pedestal—*Cogito, ergo sum*—I think, therefore, I exist.

# LUXATION OF THE FEMUR INTO THE FORAMEN OVALE—MANIPULATION versus PULLEYS.

By A. G. WALTER, M.D.,

Of Pittsburgh, Pa.

The success with which manipulations of a luxated member, when judiciously and fairly tried, have met, cannot fail to eventually supersede those severe and often violent measures, which hitherto have been resorted to, and are still in vogue with most surgeons. As with the progress of surgery—more rapid in modern times, and more productive of beneficial results than at any previous time since its existence,—surgical pathology has advanced to an exact and positive science, and operations more conservative in their nature, and more simplified in character, have taken the place of former destructive measures, with instruments less complex in their construction, and on that account more trustworthy in hands educated for their guidance. So with the introduction of the anæsthetic agents for the relief of pain consequent on surgical proceedings. Manipulations for the reduction of luxations and fractures—if gently and intelligently applied—will set aside the combined power of extension and counter-extension, which takes the strength and endurance of many assistants, and of the pulleys likewise.

Considering that the force, which displaces the limb at the time of the accident, is but seldom, if ever, of an unusual character, and that the muscles themselves in the act of guarding the limb from impending injury are the main displacing agents, it is but logical to conclude that reduction would be easily accomplished by their instinctive and intelligent efforts alone, if the limb was but gently guided by the surgeon to the position which it had assumed at the time of the accident, and from this slowly, yet steadily, restored by manipulation to its normal condition, and that the employment of powerful means for reduction is not only irrational but cruel. The anæsthetic influence enabling the muscles to remain in repose, irritation of those which are kept in tension, on account of the unnatural position of the displaced member, ceases, and the luxated head becomes at once replaced, as soon as by the aid of manipulation it approaches the socket, by the instinctive and combined action of all the muscles which surround the joint, ready to resume their normal relation and function. Though the brain and spinal marrow are in a state of lethargy, and with it the voluntary function of the muscles, while anæsthesia is perfect, yet the ganglionic nervous system remains acting, and with



it intact the instinct or vegetative function of muscles, prompt them to return to their wonted position as soon as opportunity offers.

The history of the following case plainly and strikingly exemplifies the correctness of the foregoing analytical reasoning with regard to the cause of luxation and the rational means of relief. That the reduction of a limb, luxated for seventeen days, after having been subjected under chloroformisation to powerful, protracted, yet unsuccessful efforts of four surgeons, at four different times—the last time with the assistance of pulleys—was effected in a few seconds without any force whatever being applied, by the aid of manipulation alone, is evidence strong enough to urge its general adoption. But to the case.

William McCormick, aged twelve years, of delicate frame and nervo-sanguineous temperament, yet healthy, met with a luxation of the right femur into the foramen ovale, under the following circumstances.

Seventeen days ago, while riding upon the shoulders of a playmate, with his limbs thrown around the armpits and his feet resting upon the back of the latter, he was violently and suddenly pitched forward, and fell down upon the floor on his hands. Not feeling hurt he got up, walked about till bed-time, when he went to his room in the third story of the building, without pain or lameness. Slept well that night. Next morning he came down stairs, and walked around the yard—though slowly and limping—and complained of pain in the knee and front of the thigh. From here he went about two hundred yards to his home, with the assistance of boys leading him, where he kept his room, getting in and out of bed, and walking about a few steps while being supported, the knee and thigh still being painful. On August 8th, five days after the receipt of the injury, a physician was sent for, who found the patient sitting on a chair with pain in the knee, and not able to walk without help. Luxation of the hip-joint being diagnosticated, attempts at reduction were made but failed. The patient was then ordered to keep his bed, cooling lotions being applied over the hip-joint. On August 11th, another physician being called, persevering efforts were made, under the influence of chloroform, by extension and counter-extension, with the view of reducing the limb, which appeared successful. As soon, however, as the effects of the anæsthetic had passed off, deformity of the hip, with abnormal length of the limb, returned. On the next day, August the 12th, the two last surgeons, availing themselves of the assistance of a third one, repeated the usual means of re-

duction, while the patient was chloroformized, for some time; and having succeeded, as they supposed, in restoring the limb to its natural length, crossed the right limb over the left, and confined them in this position by bandages, with the view of maintaining the head of the femur in the cotyloid cavity. The limbs were thus kept crossed for forty hours, when on removal of the bandages the deformity of the hip was found unredressed. On August the 5th, a fourth surgeon was summoned, who, on learning the history of the case and the repeated failures of reduction, promised speedy success. Extension, by means of pulleys, with counter-extension, in the anæsthetic state, was employed, and continued with short intermissions for two hours, when reduction appeared to be effected; a want of freedom of the limb during inward rotation, however, remaining, which could not be effaced, as was asserted. Yet with the cessation of the anæsthetic stupor, deformity, as before, was again evident.

On August the 20th, when I saw the patient, the following condition presented itself. I found him resting upon his back, with the body leaning over to the right side. There was fulness in the groin, and increased breadth of the upper part of the femur, where the skin was chafed, due to the powerful reductive efforts, which previously had been made. Pain was felt on touching the swollen and excoriated parts, and on moving the limb in any direction, yet no tightening or cord-like tension of the inner side of the thigh was noticed. Soreness was complained of in the knee and groin almost constantly, denying him comfort and sleep. The right crista ossis ilii was lower by one inch than the left one, owing to the position of the body, which inclined over to the right side. The right femur was everted, and rested upon its outer face, with knee and foot semi-rotated outward, and knee-joint slightly bent, (straightening the same giving some pain). The limb thus reposing, showed an increase in length of three-fourths to one inch, compared with the left one; but by measurement from the anterior superior spinous process of the ilium to the malleolus externus, the difference of length was found one-eighth of an inch in favor of the left one; the right one, therefore, being one-eighth of an inch shorter. The patient was able to bend the knee and hip-joint, by dragging the sole of the foot along the floor of the bed without pain, and to invert and evert the point of the foot slightly, but powerless to lift the limb off the bed by muscular action unaided. Separation of the thighs being but slight, both heels could easily be approximated by help, yet not be crossed over

each other but by force, which caused great pain and resistance. Flexion of the femur at the hip-joint, with adduction to a limited extent, was practicable though painful, abduction being much more impeded.

While standing, the body is leaned forward, and over to the right side, the right limb being in advance of the left one, with knee and hip-joint bent, and foot slightly everted. The gluteo-femoral crease was effaced, with the right nates flattened and lowered, the patient being unable to bear any weight upon the injured limb. The trochanter major was found depressed and somewhat behind its normal position, and about half an inch lower, there being an increase of space between it and the anterior superior spinous process of the ilium, as compared with the left side. Febrile excitement was marked with serous effusion in the pouch above the patella, the effect of inflammatory action in the muscles—induced by the pressure of straps, which were used during the trials at reduction—proceeding downward toward the knee-joint.

This being the condition of the case, the nature of the luxation of the head of the thigh-bone as that into the foramen ovale, was easily made out, and reduction as easily effected by means of manipulation.

The patient being placed under the full influence of chloroform, and resting upon a table, the pelvis was steadied by an assistant, while I grasped the thigh above the knee-joint, bending it gently yet steadily upward toward the abdomen, with the knee semi-rotated inward, and then crossing it over to the left side of the body. Before extending the limb, the head of the thigh-bone had already noiselessly slipped into the socket, as was evidenced by the natural prominence of the trochanter, the unlimited freedom of motion at the hip-joint, and the restoration of the normal length of the member, which remained unaltered even after anæsthesia had subsided. With the view of obviating a renewal of displacement, the case was treated like one of fracture of the neck of the thigh-bone, with a long padded splint placed along the outside of the limb, from the crest of the ilium to below the ankle, and secured by extension and counter-extension. Two long pasteboard splints, one for the posterior face of the femur, from its crease to above the ankles, and another along the inside of the limb, from the perineum to above the malleolus internus, well padded, were also applied and confined by several turns of a bandage encircling limb and splints, the last turns crossing around the pelvis.

The patient, on being removed to his bed, felt promptly relieved, and rested well after, all uneasiness having ceased. A week having passed with comfort and freedom from pain, the dressings were renewed, when the position and length of the limb were found natural, all motions of the joint being free and painless. The limb was bound up again, with extension and counter-extension still maintained. On September 13th, the splints were permanently removed, a bandage alone encircling the thigh and pelvis. He was allowed to walk on crutches, which will soon be dispensed with, the joint having perfectly recovered.

*Commentary.* If the success of speedy and easy reduction in the above case, obtained without force, solely by the aid of manipulation—the usual means by repeated, protracted, and powerful extension having failed—is of interest and worth recording, far greater importance attaches itself to the *fact* that the patient was able to *walk* upon the limb, with the head of the thigh-bone luxated, *without pain or lameness*, immediately after the injury, and even for five days after. But for the unmistakable evidence of symptoms, plainly denoting the nature of the injury, doubts of the correctness of the diagnosis on that account may well have been entertained, as inability of locomotion in luxations in general has never been questioned. Considering, however, that the musculi obturatorii, which cover with the superincumbent fascia the foramen ovale, form a comparatively solid and safe resting-place for the dislocated head, able to sustain the weight of the body; locomotion, some hours or even days after the accident, will therefore be practicable, until irritation of the muscular and aponeurotic tissues at the seat of injury, with its consequences, sets in, disabling the patient from the further use of the limb.

Worthy of note in this case, too, was not only the *absence* of increased length of the luxated member, a common concomitant in luxations of this character, but its *actual* shortening, as ascertained by direct measurement of both limbs, the right one being found shorter. To explain this anomalous condition satisfactorily, attention to the following consideration is invited. First, absence of increased length in luxation into the foramen ovale finds its explanation in the yet undeveloped condition of the pelvis of children—the acetabulum, more shallow at that time of life, being seated on a level with the foramen obturatorium, and not above it, as in more advanced years, when the cup has become deepened, and the pelvis expanded in an upward and out-

ward direction, thus apparently shortening the luxated limb, instead of lengthening it. as is observed in the adult. Next, the *real* shortening of the luxated member will be accounted for by the yielding nature of the textures upon which the dislocated head rested, permitting it to sink into their muscular bed during locomotion, while irritation of the muscles surrounding the hip-joint, which usually follows the displacement of the femoral head some days after, had the effect of stimulating unduly the powerful adductors which, unrestrained by their opponents, were drawing the head still deeper into its newly chosen socket, thus causing perceptible shortening of the limb to take place—a symptom anomalous, not spoken of by authors—and as such is calculated to mislead the inexperienced in the diagnosis of the injury, which otherwise would not easily be mistaken.

Willing to grant that the repeated efforts of the surgeons who preceded me in the management of the case were well directed, and that reduction to them appeared perfect, as long as the anæsthetic effect, with general relaxation of the muscular system, was lasting; still it cannot be conceded that the head had entered the socket at any previous time, as the symptoms of luxation reappeared as soon as anæsthesia had subsided. For replacement, once truly effected, will be permanent as long as the limb is well guarded. Moreover, it will be remembered that after the third attempt, the limbs had been kept crossed for forty hours, yet the deformity was found unrelieved when the bandages were removed.

To be just, however, it will be but proper to inquire, if to fracture of the brim of the acetabulum the failure of reduction might not be attributed. Yet the history of the case does by no means warrant this supposition, for with the cessation of anæsthesia, as we were told, deformity of the hip was *immediate*, which, if redressed by reductive efforts, but complicated with fracture of the rim of the acetabulum, would not have reappeared *at once*, but days after, at the time when the muscles, having recovered from the anæsthetic stupor, but irritated anew by inflammatory action setting in about the hip-joint, or by incautious movements of the body, were ready to relaxate the head out of the broken cup and lacerated capsule.

With these remarks, and the history of the case candidly and fairly represented, the practice of *manipulation* for the relief of luxation, over forced *extension* by the aid of assistants and *pulleys*, proclaims its own merits, and adds but ano-

ther leaf to that great work on conservatism which the nineteenth century is preparing as a bequeath to posterity, attesting the learning, labor, zeal, and devotion of many surgeons of the present day, and the spirit of humanity which guides their actions.

## Hospital Reports.

PENNSYLVANIA HOSPITAL, }  
June 23d, 1866. }

SURGICAL CLINIC OF D. HAYES AGNEW, M. D.

Reported by Dr. Napheys.

### Operation for the Radical Cure of Hernia.

This man has been suffering for some time from double oblique inguinal hernia. It is proposed to-day to attempt its radical cure. Hernia is so common that it is stated that one-third of mankind suffers from this affection. Whether this be too extravagant an estimate or not, hernia is very frequently met with.

Almost all the arrangements which we have for the treatment of this disease look simply to its palliation, to keeping it within the abdomen, and protecting the patient from the risk to which he is perpetually exposed, of strangulation. A man is never safe with a hernia. The danger of strangulation is greater when it is of small size than when voluminous.

In this man the hernia of the left side is the smaller of the two. In the recumbent position it will gradually recede, and pass into the abdomen. The case is one of oblique inguinal hernia, consisting probably of omentum and intestine, and the sac in which it is included. When the hernia recedes the sac remains. Of course, in a hernia of this kind, the two rings are not separated two and a half inches. On the contrary, the internal is always drawn down towards the external, and, probably, in this case, the two are together.

An accurately fitting truss is simply a palliative remedy, but one which deserves great attention. There is no hernia which will be rebellious to an instrument adapted properly to the surface of the body.

The radical cure is accomplished in a variety of ways. In very young subjects you can usually cure them by a truss, if it only have a block sufficiently hard, made out of wood, vulcanized rubber, or sole leather, and if it be worn continuously day and night. Such treatment will generally succeed in curing the case, whether it be umbilical, oblique, inguinal, or even crural; the pressure of the hard pad exciting inflammation, which results in obliteration of the sac. Therefore, in young subjects, this is the treatment to be persevered in for two or three years. Then, in the event of failure, resort may be made to a more radical method.

The radical methods are numerous. The older ones were very barbarous and thorough, consisting in dissecting out the sac, and the testicles with it. About a quarter of a century ago GERDY instituted a series of experiments with a view to

the radical cure of hernia, which have been the basis of all that has been attempted since his time, by the process of invagination. His method consisted in reducing the hernia, and thrusting a fold of the integument into the canal as far as the internal ring, and securing it by sutures, producing inflammation, and so causing adhesion of the plug thus inserted. A great many cures were reported as accomplished. Others stated that the alleged cures had proved fallacious. Life was lost in some cases in consequence of peritonitis, and the operation has been abandoned.

This plan was followed by that of the great tenotomist GUÉRIN, who was in the habit of inserting a knife, and making subcutaneous scarification of the neck of the sac, and waiting for adhesion of its opposing surfaces. This procedure has fallen into disuse.

Acupuncture was next attempted. BONNET reduced the hernia, and passed through the canal, transversely, a number of little pins, which excited inflammation, and resulted in obliteration of the sac.

Then came another operation, that of WUTZER, which has played a more important part than any other, and the most extraordinary results of which have been furnished. It consisted in invaginating a portion of the integument by means of a peculiar instrument. This instrument is composed of a hollow cylinder, which, the hernia being reduced, is carried into the canal, pushing the skin before it as far as possible; another portion of the instrument, a concave piece of hard hard wood, upon the outside, forces the skin and intervening structure against the cylinder in the canal; and a stilette thrust through the central cavity of the cylinder is made to penetrate the integument over the position of the internal ring. The external piece of wood is secured down firmly, compressing the intermediate structures against the cylinder. He reports eighteen hundred cases cured. I have performed the operation several times, and have never yet succeeded in curing a case, though great care was exercised, and the recommendations of WUTZER closely adhered to.

Professor PANCOAST performed a number of operations founded on the same principle as that for the cure of hydrocele. The bowel being returned, and firm pressure made over the internal ring; tincture of iodine is thrown into the sac by a syringe, and pressure applied upon the outside. He reports thirteen cures.

A seton operation has been practised, consisting in attaching an ivory ball to a thread, carrying it along the course of the canal, and bringing one end of the thread out through the abdominal parietes, while the other hangs out below, so that the ball may be moved up and down to excite inflammation.

Another operation I performed several times, and on one occasion I supposed I was going to have success. I took the integument, and by means of an instrument like a bivalve speculum, thrust it up to the upper portion of the canal. On one blade of the instrument, the lower, there are two grooves, one on each side. A needle, with an eye a short distance behind its extremity, is employed, which is armed with a silver wire,

and carried up along the groove to its extremity, and then made to cut its way out of the abdomen with the wire. The needle being withdrawn, it is threaded anew, and then carried along the other groove, and the other end of the wire passed out, thus holding the plug of skin in situ by a loop of the wire. Then the blades of the instrument are extended, and between them several silken sutures passed, in order to excite inflammation. In this way a certain amount of skin was invaginated. But it was found that it was a good while before the cuticle of this skin macerated sufficiently to come away, and to be in a condition to unite with the internal surface of the canal, while the deep-seated parts are in a state of suppuration before this. Then it occurred to me, that if I would make an opening over the scrotum, and take simply the dartos structure, and thrust it up the canal, and introduce the instrument, the object would be accomplished.

This operation was performed in three cases with perfect success. This is not a favorable case because of the large size of the hernia.

The patient was placed under the influence of chloroform. The skin of the scrotum was exceedingly thin. The dartos structure was exposed, and carried up through the external ring, and pushed up to the summit of the canal. It was then followed up with the instrument, which was then lodged in the canal. The blades were separated, and screwed in that position. The needle, armed with silver wire, was introduced into the groove of the instrument, and passed through the abdominal wall, one end of the wire being brought out there. Then the needle was withdrawn, and the other end of the wire threaded. This was carried up the opposite groove and brought out through the tissues in the same manner, thus holding up the plug by a loop of the wire. A piece of cotton was then placed under the two ends, which were tied over it. Several silken threads were next passed between the two blades, and of necessity through the canal. These threads were tied loosely, the instrument carefully withdrawn, and the external opening closed by a suture.

The patient was ordered to be placed in bed, and kept in horizontal position, and the bowels locked up for seven or eight days with opium. The testicles were supported, so as to take off all stress from the dartos, which is pushed into the canal. No violent inflammatory symptoms, nor peritonitis, have ever followed this operation. It is possible if the instrument were carried too high that the peritoneum might be wounded. This can be avoided by remembering the position of the internal ring. Ordinary water dressings were applied to make the patient comfortable, not to counteract inflammation. In the course of three or four days the transverse sutures will be removed.

— DR. HENRY BRYANT, of Boston, has purchased and presented to the Society of Natural History of that city, the La Fresnaye Collection of Birds, one of the largest and most valuable in Europe, numbering eight thousand nine hundred and eighty-nine specimens, all stuffed and mounted in the best manner.



JEFFERSON MEDICAL COLLEGE, }  
September 22, 1866. }

## SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

## Epithelioma at an Unusual Age.

Pat. G—, æt. 37, a seaman. He has an affection of the lower lip, of five years standing. The lip is much more involved on the left side of the median line than on the right. He had been in the habit of smoking a pipe, which he held on the right side of his mouth. The central portion of the lip has an excavated appearance, and there is an ulcer in this situation. This part of the lip has been consumed by escharotics. There is a large hard mass on the left side, while on the right the lip is comparatively soft. The chin is perfectly sound, the disease does not extend perhaps three-fourths of an inch beyond the free margin of the lip. The mucous membrane, the frenum, the gums, and the teeth are also healthy. There is no enlargement of the glands under the chin or along the base of the jaw. He suffers from a pain in the diseased lip, of a sharp shooting character, which is not present all the time. His general health is good, but he has lost lately fifteen or twenty pounds. The troubled condition of his mind, in consequence of this affection, is the probable cause of the loss of flesh.

This is a case of cancer of the lip, now called epithelioma, epithelial cancer, canceroid, or cancerlike. It is a form of cancer seen very frequently in the lower lip, more frequently there than in any other part of the body. It is also met with on the tongue, the penis, the labia of the female, the vagina, the uterus, and the rectum, occurring on the mucous outlets of the body more particularly. Occasionally it has been found in the urethra, the urinary bladder, and in the alimentary canal, at the pyloric or œsophageal extremity of the stomach, or at the ileo-cæcal valve. It is nothing but scirrhus, such as is found in the mammary gland, modified by the tissue of the part. It is most commonly met with after the age of forty. It is altogether unusual at such an early age as that at which it presented itself in this patient, before the completion of his thirty-second year. It has acquired new activity lately, the man states.

This affection is observed in both sexes, much more frequently in males than in females. The reason of this difference is not known. Neither is there anything known of the cause of this disease. It has been supposed by writers of eminence, as Dr. JOHN C. WARRIN, of Boston, and Prof. MULLER, of Edinburgh, that it was often produced by the smoking of a clay pipe. This is not so. Prof. Gross has instituted special inquiry in the matter, and in all the large number of cases coming under his observation he has not been able in a solitary instance to trace the occurrence of epithelioma of the lip to anything of this kind. Occasionally long continued smoking may produce such an effect, but as a general rule it does not.

Epithelioma commences either in the form of a fissure, little crevice, or chap, or in that of a

wart-like excrescence, or shot-like tumor, situated immediately beneath the mucous membrane. It gradually goes on increasing until at length mucous membrane, skin, and intervening tissues are all involved in the morbid growth, and ulcerative action sets in. The ulcer which results is intractable or incurable. The discharge is thin, sanious, bloody, irritating in character, and more or less abundant. In this way the disease progresses, until finally the lymphatic ganglions, the gums, the teeth, and the substance of the jaw become involved. The pain at this stage of the disease is of a sharp lancinating character. Ultimately the constitution suffers, and the patient perishes. The disease may last for a period varying from nine or eighteen months to two or three years. In some cases, as in this, the disease is very tardy in its progress, several years elapsing before it makes much alteration in the lip, or serious encroachment upon the general health. In other instances, it extends rapidly within a few months.

There is but one remedy, and that is excision. Escharotics are of no value. In this case it will be necessary to remove a very large portion of the affected part, but there will be sufficient left to make a good lip. On the right side much can be saved, on the left hardly any.

A V-shaped portion of the lip was removed, and the edges of the wound approximated by a long pin above, two smaller ones below, and an interrupted suture. Union by the first intention will be expected throughout the whole extent of the wound. The two lower pins will probably be removed at the expiration of three days, the upper one the day after. Although a large portion of the lip has been excised, yet as the parts are very extensible, they will yield gradually, and in the course of a short time the man will have an excellent lip.

## Eversion of Mucous Membrane of Upper Lip.

Julia C—, æt. 20. Her upper lip is double. This defect is generally congenital. There is a protrusion of the mucous membrane, a redundancy, giving the lip a very curious sinister expression when she laughs. She first noticed it within the last two months. There is an hypertrophy of the mucous follicles in this situation, pushing the lip forward.

The hypertrophied portion of the mucous membrane and subjacent structure was cut away by an elliptical incision, and the edges of the wound approximated by interrupted sutures, five on the right, and two on the left side. The sutures will be allowed to remain for four days.

## Syphilis Communicated by a Kiss.

At a recent meeting of the Chicago Medical Society, a member related the history of a young woman, whose irreproachable character left no doubt of the truth of her narrative, who experienced all the horrors of syphilitic inoculation, through a kiss from a gentleman to whom she was engaged. A chancre upon the lip was the result, and subsequent medical investigation revealed the fact that the young man was under treatment at the same time for syphilitic ulceration of the throat.—*Druggists' Circular*.



## EDITORIAL DEPARTMENT.

## Periscope.

## Differential Diagnosis of Empyema.

In an elaborate article on Pleuritic Effusions, published in the *Cincinnati Journal of Medicine*, Dr. FRAZER places in juxtaposition, very convenient for practical reference, the different signs of empyema, as contrasted with consolidation of the lung.

## EMPYEMA.

1. Inability to lie on healthy side.
2. Almost always bulging outward of the intercostal spaces.
3. Parietes immovable.
4. Always dull on percussion; except the patient be in the erect, semi-erect or horizontal posture, then, IF THE CAVITY BE NOT CRAMMED WITH FLUID, we may have a clear sound at the apex of the lung, the upper level of the thorax, and where there are pleural adhesions.
5. Great resistance to the finger on percussion.
6. A total absence of the respiratory murmur, except close to the spine, at the apex of the lung, if the pleural cavity be not full, and at points corresponding to pleural adhesions.
7. Metallic tinkling, unless the cavity be nearly filled with fluid.
8. No bronchophony.
9. No regophony, unless the cavity be nearly filled with fluid.
10. No vocal fremitus, except at the points of old pleural adhesions, and therefore seldom felt.
11. Affected side almost always enlarged.
12. Often fluctuation.

## CONSOLIDATION.

1. Inability to lie on diseased side.
2. Never bulging out of the intercostal spaces.
3. Parietes immovable.
4. Always dull on percussion; although a tympanitic state of the stomach and transverse arch of the colon may render the sounds more or less clear.
5. Moderate resistance to the finger on percussion.
6. A total absence of the respiratory murmur, except at the root of the lung, or a few points not already consolidated.
7. Never metallic tinkling, except in cases of abscess.
8. Always bronchophony, and especially at apex and root of lung.
9. No regophony.
10. Vocal fremitus generally present, unless the entrance of air through the bronchial tubes is much obstructed, or the parietes very flaccid.
11. Never enlarged, except in the early stage.
12. Never fluctuation.

## Cerebro-Spinal Meningitis.

In its reports of the Boston Society for medical improvement, the *Boston Med. and Surg. Journal*, gives an account of a case of cerebro-spinal meningitis, reported by Dr. BLAKE.

The patient was an unmarried female, 26 years of age, admitted to the City Hospital suffering from opisthotonos, almost wholly unconscious, mouth partially open, lips covered with little herpetic vesicles, eyes half-closed, moderately dilated and sensitive pupils; respiration labored and noisy, 32; pulse 120, regular; tongue dry and brownish, sordes on teeth. A number of dark, purplish spots, one-eighth of an inch in diameter on chest, neck and arms; spots not raised, do not disappear on pressure.

**Treatment.** Leeches behind ears, ice to head, bromide of potassium in large doses. Liquid nourishment by rectum. Next day the opisthotonos had disappeared, but cervical muscles continued rigid; she could swallow liquids without much difficulty; pulse 90; pupils somewhat dilated and sensitive; still unconscious; feces and urine passing involuntarily. Following day in about the same state; respiration and pulse a little quickened; rigidity of muscles as marked; no return of consciousness. Next day she died.

**Autopsy**, as reported by Dr. SWANHEAD. Large vessels of *pia mater*, on upper surfaces of both hemispheres, particularly about the vertex, turgid with blood, and the minute vessels lying on the convolution unusually distinct. Sub-arachnoid deposit of soft greenish-yellow lymph, in many places on upper surfaces of hemispheres, at and between their anterior extremities, in the fissures of Sylvius at the optic commissure, on pons varolii, at the anterior edge of cerebellum, and on its superior vermiform process. Lying free upon that portion of the dura mater which covers the upper surface of the right hemisphere, was a continuous uniform layer of lymph, two or three square inches in extent. A less amount, in small scattered particles, occurred on corresponding portions of the left side. No excess of fluid in serous cavities of brain or cord; brain-substance firm.

Beginning five inches from the upper extremity of the spinal cord, and extending downward about seven inches, was a thick, unbroken deposit of soft, pale, greenish-yellow lymph, confined entirely to anterior aspect. On posterior surface minute vessels slightly injected, but no trace of lymph.

**Thorax.** In left pleural cavity, ten ounces of a turbid brownish liquid, sustaining fat globules on its surface. The two principal pulmonary veins of the left lung, and the left primary and two secondary bronchi, were laid bare to the extent of one or two inches, and several venous branchlets were completely isolated for an inch, more or less, by a curious superficial progressive waste of the parenchyma of the lung. This process was most marked on the inner surface of the lower lobe, but it had invaded a portion of the upper lobe nearest its roots, and had also extended between the two lobes. It had destroyed at least the pulmonary pleura in its course, the line of demarkation being in general easily made

out, but there was also undoubted loss of proper lung tissue toward the centre of the diseased action, although the finger found no deep cavities. The bare parenchyma presented a rather smooth, cobulated surface, of a deep brown color. There was little or no odor about the parts. The posterior and upper surface of the lower lobe showed small hæmorrhagic blotches beneath the pleura. Section showed considerable lobular pneumonia. The same disease, to less extent, existed in the right lower lobe. Rest of lungs healthy. Other organs normal.

#### Coincidence of Eruptive Fevers.

The *N. Y. Medical Journal* quotes from the *Lancet* the case of Mr. KESTEVEN, where, in the course of a well-developed typhoid fever, with characteristic rose-colored spots, the general symptoms and special eruption of measles made their appearance. There were at the time other patients in the same house suffering from measles. The coincident occurrence of two eruptive fevers in the same patient is rare. Mr. GALLMEY published in the *Lancet*, in 1858, a case of small-pox supervening on measles, and another on scarlatina. Mr. KESTEVEN, also, in 1856, described in a paper a series of cases where measles and scarlatina were concurrent. A case has also recently occurred at St. George's Hospital, in the service of Dr. BARCLAY, where, on the twenty-first day of a typhoid fever, fresh and urgent symptoms developed themselves, which proved to be an attack of scarlatina. This in its turn was followed by acute nephritis, to which the patient succumbed. For more than a year previous, he had suffered from albuminuria, with dropsy.

#### Elephantiasis Arabum, or Elephas, successfully treated by the application of a Ligature to the main Artery of the Limb.

This case was related before the Royal Medical and Chirurg. Society, by Dr. THOMAS BRYANT, and published in the *British Medical Journal*.

The patient was a young woman, 25 years of age. At the age of fifteen she had scarlet fever, and during convalescence the left leg began to swell, beginning at the calf and extending upward toward the knee. For two years the enlargement was gradual, and then more rapid. Three years since some small ulcers appeared in a deep sulcus in the calf, from which a quantity of dark fluid-like blood escaped; the ulcers subsequently healed.

On admission to the hospital (Guy's), the left leg was found enormously enlarged, from ankle to groin. It felt hard and brawny, the skin and cellular tissue being evidently infiltrated with a fibrinous material. The skin appeared coarse, but free from cuticular induration and ulceration, frequently associated with this affection. The measurements were as follows: Round the calf 24 inches, (9 inches in excess of the sound side); round the thigh 28 inches, (excess of 7 inches.) Temperature of both limbs alike. Pulsation in left iliac artery distinct, but the femoral and tibial vessels could not be made out. Twenty days after admission, the left external iliac artery was ligatured; vessel perfectly healthy, and of

normal size. The whole limb was subsequently swathed, and well raised on an inclined plane. It became rapidly softer and smaller, measuring between three and four inches less in the course of a week. At the end of the second week the limb had diminished another inch. On the 15th day the ligature came away from the iliac artery, the limb having been all this time free from pain and quite warm. After four and a half months the limb was but three-quarters of an inch larger than the sound limb. The skin had gradually contracted, and had become natural in aspect; all browniness had also gone. The patient at the present date is walking about with an elastic legging, perfectly sound.

In his remarks the author referred to the cases of Dr. CARNOCHAN, of New York, which were published in 1856, and stated that it was from their perusal that he had been induced to adopt the practice in this case.

#### A Case of Obstinate Vomiting Connected with the Presence of a Foreign Body in the Uterus.

is related in the *Pacific Medical and Surgical Journal* by JAMES BLAKE. The patient, æt. 22, unmarried, had been suffering from constant vomiting three days, when Dr. B. saw her, unable to retain even a drop of water, and sleepless for two nights. She remained in a somewhat critical condition for five or six days, then gradually recovered. At the next menstruation a piece of cotton was found in the vagina, such as is used for applying caustics to the interior of the cervix. It had previously been ascertained that the vomiting had come on after the patient had some operation on the womb performed by a surgeon, and the piece of cotton had undoubtedly been left in the uterus at the time.

Dr. B. concludes that this case affords a striking example of the effect of mechanical irritation of the uterus in producing vomiting, and tends to show that where pregnancy acts as a cause of vomiting, the vomiting is owing to the mechanical irritation produced by the fœtus, and not to the changes accompanying pregnancy. The purely reflex nature of the vomiting in this case is interestingly shown by the causes that would give rise to it—the slightest movement, the opening of a door, even speaking to the patient would bring on an act of vomiting, just as the same causes would give rise to spasm in tetanus, or in poisoning by strychnia.

#### Quinine in Menorrhagia.

The periodicity of the menstrual process is to be referred for its cause to the ganglionic system of nerves. There is considerable analogy between each individual menstrual flow and an attack of ague. Now, when the process occurs too frequently, every fortnight or three weeks, it may generally be controlled by quinine, (unless owing to severe inflammation of the neck of the womb.) The quinine may be given in doses of two or three grains every night, or every other night, and if nervous symptoms predominate, it may be combined with sedatives, or if anæmia is present, with iron.—*Braithwaite*.

## Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, OCTOBER 13, 1866.

### PRIZES.

Last week we published an offer of a prize of \$250 from a distinguished physician of New York, for the best essay on the ETIOLOGY OF EPIDEMICS. We are glad to see this stimulus offered to investigation, and wish that more was done in our country in the same way, to encourage research in some branch of science connected with the profession of medicine. There is a growing disposition to make use of this powerful means of encouraging medical research, we are glad to say. In New England there are several prize funds, all, however, of small amount, though even they have been the means of calling out some valuable essays and monographs on various medical subjects. The American Medical Association, and one or two of our medical organizations, have small prize funds, which are annually offered for essays on subjects of interest to medical men.

The difficulty about all these prizes is that they are too small. The largest of them should be increased ten-fold to offer proper inducements to engage in thorough investigations on special subjects. These investigations are sometimes very costly, and the expectation of reward must be considerable to justify one in engaging in them. On the score of liberality, the prize offered by our correspondent last week (\$250) is, we believe in advance of anything that has yet been offered in this country for a single essay. In France, where this system is carried out with the greatest perfection, prizes are offered from a few hundred francs, to many thousands in amount, there being, we believe, several ranging from 5,000 to 100,000 francs (\$1,000 to \$20,000.) Such prizes should, and no doubt do, add to our literature some valuable works.

This method of encouraging industry, application, and investigation, is adopted in some of our medical schools, particularly in those of New York city, where, in some of the schools, there are several prize funds for rewarding the greatest proficiency in certain branches on the part of the student. The influence of these prizes must be beneficial, and we regret that, so far as we are aware, there is, as yet, no such inducement offered at either of the colleges of this city.

It has long been our purpose to establish the system of prizes in connection with the management of this journal, as an inducement to con-

tributors to communicate, for our columns, articles on special subjects which will require much research, and involve considerable outlay. Before very long we hope to be prepared to make an announcement of this kind, that will be the means of calling out some unusually valuable articles on special subjects. Indeed, in an unostentatious way, we have already offered liberal inducements to writers on special subjects, and thus presented our readers with some very valuable articles, which have really cost us a large amount of money. We simply propose, ere long, to systematise the matter, and offer all an opportunity of competing for prizes for certain kinds of articles for our columns.

## Notes and Comments.

### Mortality of Providence, R. I.

There were 102 deaths in Providence during the month of September, which number was 21 less than in the preceding month; 19 less than in September, 1865; 17 less than in September, 1864; and 3 less than the average for September during the last eleven years.

A few cases of Asiatic cholera occurred during the month. Dr. EDWIN M. SNOW, the efficient Superintendent of Health, says:

"As compared with preceding years, the number of deaths in September, from diarrhoeal diseases, were as follows:

Deaths in September,	1866.	1865.	1864.	1863.
Cholera Infantum,	8	7	10	15
Cholera Morbus,	3	0	0	0
Cholera, Asiatic,	6	0	0	0
Diarrhoea,	4	7	9	8
Dysentery,	10	19	9	23
Totals,	31	33	29	46

"The deaths in September, from this class of diseases, was considerably less than the average in this city."

He says further: "An examination of the records of mortality, and of the modifications of the symptoms of diarrhoeal diseases, during the season, shows that the epidemic cause of cholera has existed in the city during about the same period as in former visitations, and that its effects have followed a similar course, being most severe about the middle of August, and declining after that date.

"The reasons that we have escaped, so remarkably, the effects of the disease, are perfectly evident. They are, *first*, because the epidemic cause of cholera has been much less virulent than it was in 1849 and 1854; and *second*, because the city

has been far better prepared for the disease than it was in those years.

"The primary cause of cholera still lingers in the city, one case of the disease being reported to-day. We may have other cases; but there is no longer any danger of an epidemic of cholera during the present year."

#### "Brain Work in Germany"

is the heading of the following editorial notice in the *Pacific Med. and Surg. Journal*:

"Has an American student any conception of the German idea of study? Look at the University of Berlin. In the five months' session, from April 5th to August 15th, one hundred and eighty-three professors give lectures on almost every subject—scientific, literary, theological, industrial—embracing three hundred and thirty-five distinct courses. A majority of the lectures are two hours in length, some of them three. They are given at all hours, from 6, A. M., to 10, P. M. Forty-eight of the courses are given gratis—for the love of the labor. One professor demonstrates practical chemistry in the laboratory from eight in the morning till four in the afternoon, continuously, six days in the week, without a penny of compensation. The University fees are very small—a mere trifle. Bavarian beer comes in at all times. *Such a course of mental and physical training might, one is inclined to suspect, develop abnormal products—monstrosities rather than men.*"

The portion of this quotation which we italicize shows conclusively that its author has a very crude notion of University education in Germany. True, the number of professors is very large, two, three, and sometimes four or five lecturing on the same subject. But this is only an advantage to the student, who has the choice of listening to those from whom he can learn most. As to the length of the lectures, our author is grossly mistaken. Regarding the demonstration of practical chemistry in the laboratory, it would be a blessing if it could be fully introduced in our medical and scientific schools, in the place of the school-boy exhibitions of a few experiments during an hour's lecture.

Concerning the study of medicine, the great difference between Germany and the United States is, that *here* the student is forced to study every branch of the science at the same time, in an absurdly short period; while *there* he does not enter into the study of practical medicine until he has fully mastered the fundamental facts and principles of anatomy, physiology, chemistry, and natural philosophy. Which course is more apt to develop mental monstrosities?

The miserably unsystematic course of medical study in the United States, forces the American

medical student to perform *more* brain-work in a shorter time, and to *less* purpose, than any student on the Continent. If the *Pacific Med. and Surg. Journal* will thoroughly examine and compare University education on the Continent and here, it will soon be convinced, as far as America is concerned, that the danger of developing monstrosities is on our side.

#### Books, etc., Received.

A treatise on VESICO-VAGINAL FISTULA. By M. SCHUPPERT, M. D., Surgeon of Orthopedic Institute, New Orleans. Lithographic plates.

*The Galaxy*. This elegant fortnightly magazine keeps up its interest, being filled with attractive and useful reading matter.

No. 12—October 15th, contains: Archie Lovell, by Mrs. Edwards. A Dream of the South Wind; by Paul H. Hayne. The Sea Islands of South Carolina, by E. B. Seabrook. The Last Battle of Winchester, by James Franklin Fitts. Number Thirty-Nine, by Ingoldsby North. The Claverings, (with two illustrations), by Anthony Trollope. The Mormon Commonwealth, by a Mormon Elder. Gil Garay, by J. W. Palmer. The Seventh Commandment in Modern Fiction, by W. L. Alden. The Secret, by L. F. English and French Painting, by Ion Perdicaris. Nebulae, by the Editor—containing: The Mormons; The Reward of Honesty; The Woman Question; "Ecce Homo" Again; Cornelius O'Dowd on America; State Nicknames.

The price of *The Galaxy* is \$5 a year; \$3 for six months. When it is considered that the magazine is issued twice as often as the monthlies, it will be seen that these rates are very reasonable.

W. C. & F. P. CHURCH, Proprietors, No. 39 Park Row, New York.

## News and Miscellany.

#### Value of Sewage.

The Reclamation Company, now actively engaged on the north side of the Thames, has already tested the value of the metropolitan sewage, and contemplates its regular and systematic utilization on a farm which the company is about to purchase.

We give the following details as the result of its first labors, which, whether viewed in a sanitary or commercial light, we take to be of the highest importance. Early in April last a plot of waste land at Barking Creek, devoid of surface soil, was covered with common sand brought from Mapping, near Shoenbury, to the extent of two feet thick, on which was sown grass seed. The surface was then well irrigated with ordinary London sewage from the northern outfall. This has been repeated once or twice. The effects of this *manufacture of green meat*—for such, indeed, it may be most justly considered—has been the production of *three crops*: one cut in June and July, at the rate of sixteen tons per acre; a second, of eight



tons; and a third now growing, and almost ready for the scythe! This illustration of the value of what we have for generations cast into our rivers as waste, almost surpasses belief, and at any rate, ought to engage the serious attention, as it is now doing, of all practical economists.—*Lancet*, Sept. 8, 1866.

A correspondent of the *Medical Press and Circular* sends the following effusion on

#### "Quassia the Quack."

Some sing of old Bacchus and his ruddy wine,  
Whilst others intone to a muse of the "nine."  
But why should a bard tense his head with the pack,  
Whilst "gushing" for fame is bold Quassia the Quack?

Bold Quassia you'll find in his "study" or "shop,"  
Dressed up as a "swell," and "decked out" as a "fop,"  
With rings, chains, and "choker," of classical hue,  
And lingual "palaver" sufficient for two.

His boots vie in brightness with his "local" fame,  
His "hat wears a lustre" that puts both to shame,  
His "cane," silver mounted with the "wealth" on his back,  
Give an air, quite *distingue*, to Quassia the Quack.

He "swells it" by phyle, and "does it," too, well;  
And though people hint that our "hero" 's a "sell,"  
And whisper, "dear me, why permit vice such swing?"  
Bold Quassia is jolly, and "struts" like a king.

Oh! how he "sniffs" air as he passes M. D.,  
How he blows and he bustles when "ascenting" a fee,  
And his look seems to utter, "I'm on for a tack,"  
"So make way, your souls there, for Quassia the Quack."

He cares not for "Council," for "College," for "Hall,"  
With contempt *super-heated* he looks on them all,  
For his conscience is "cloudy," and diplomas his "brass,"  
Cunning fox, parrot-tongued, with the brains of an ass.

Quassia's "fee" is a shilling (I forgot, half a crown),  
If he "calls in his carriage" (?), or a distance from town,"  
And his "wheeler" is gloss! and his "coachman" dressed  
pat,

Can you doubt, sir, his buttons, or "gold" on his hat?

Then here's to bold Quassia, the pride of our day,  
And here's to the laws that give rascals such sway.  
But, ah! for a sapling ("nice and handy" to thwack),  
And the muscles to "try it" on Quassia the Quack.

— THE COLUMBIA HOSPITAL FOR WOMEN AND LYING-IN ASYLUM, WASHINGTON, D. C., which was chartered June 1, 1866, is now open. The establishment of an institution of this kind in Washington was mooted as far back as 1863, but owing to the distracted condition of the country the plans were not carried into effect until the time above designated. The building, a large and commodious one, situated on the corner of 14th and M streets, is well furnished. The beds are divided into twenty at \$6 per week, which are intended for those able to pay board, and fifty for charity patients. In addition there are twenty private rooms, entirely separated from the main portion of the building, for which the occupants are expected to pay \$10 per week; and twenty beds by special arrangement with the Secretary of War and the Surgeon-General, have been set apart for the wives and widows of soldiers and sailors. A Congressional appropriation of \$10,000 a year very materially aids in de-

fraying the expense of supporting the free beds. The medical staff consists of the following gentlemen: Surgeon-in-chief, Dr. J. H. THOMPSON; Consulting and Advisory Board, Surgeon-General JOSEPH K. BARNES, U. S. A.; Drs. JOSHUA RILEY and GRAFTON TYLER of Georgetown; Drs. THOMAS MILLER, A. Y. P. GARNETT, W. P. JOHNSTON, and Flodoardo HOWARD of Washington.—*Medical Record*.

#### Reproduction of the Aphides.

One of the most singular phenomena in comparative physiology is the method of reproduction of these curious but common insects. Successive generations are produced without any sexual copulation, or, indeed, without any generative system. Such, at least, has been the theory universally accepted till within the last month or so. In Professor HUXLEY's fine memoir the author attempted to prove that the reproduction of the aphides is simply a process of budding, like that of the hydra, and to which M. QUATREFAGES gives the name of "geneagenesis." Professor OWEN, who thought the male sexual influence was transmitted from one generation to another and higher, called the process "parthenogenesis," or virginal production. But now it appears, from the recent investigations of M. BALBIANA, that the so-called virginal or asexual aphides are true hemaphrodites; and thus the mystery is solved. The conclusion is a very startling one; but since M. BALBIANI is a naturalist well known for his elaborate researches among the lower animals, his explanation must be accepted until either Prof. HUXLEY or Professor OWEN comes forward and refutes it.—*Lancet*, July 21, 1866.

#### How to make Autopsies Odious.

We are surprised to notice that a number of respectable physicians of Philadelphia, to whom the body of Probst was consigned after execution, appear to have lent themselves to the publication in the newspapers of the details of their experiments and dissections, which are related in such a manner as to horrify the public mind and foster the popular aversion to autopsy examinations. Had it been the leading purpose to punish the criminal after death, and add to the terrors of the law the terrors of another profession, the plan was well executed. The narrative, as paraded in the newspapers, is admirably calculated to place the hangman and the surgeon on the same platform, and to start the question in the minds of men whom the gallows alone might not deter from crime, whether they are willing, in addition to the gallows, to be subjected to the ghastly horrors of galvanism and evisceration, by professional amateurs, in the presence of reporters and witnesses, whilst the flesh is still warm and palpitating. But what bearing has the transaction on the popularizing of autopsies and anatomical dissections in general? The interests of medical science demand the removal of the deep-seated prejudice which affects the public mind on this subject. It is a great question for our profession. Students cannot equip themselves for duty without the means of anatomical dissections. The knowl-



edge of disease and therapeutics cannot advance without post-mortem examinations. But a foolish, though a very natural prejudice, presents a serious obstacle to our progress. And this prejudice is cherished and extended by the association of the hangman and the doctor. These professional entertainments, in common parlance, do not pay. They cause us to be regarded as ghouls. They furnish some scientific amusement, it is true, but they block up the way to autopsies in every other direction than by the way of the gallows. It is our belief that physicians had better refuse all such unsavory jobs. If the corpse of a malefactor is to be punished or treated with indignity, let it be done outside of the profession. Let our association with the dead, in the public mind be one of respect and decency, not of wanton mutilation and amusement. Let us claim the necessities of science and humanity as the only basis of necroscopic examinations, and as the proper limit of all such examinations.—*Pacific Medical and Surgical Journal*.

— **NEW YORK MEDICAL JOURNAL ASSOCIATION.**—The new rooms of the *New York Medical Journal Association* are now open, at 58 Madison avenue, corner of Twenty-seventh street, in the Mott Memorial Building. They are well adapted to the requirements of the association, and it is intended to make them a central point of attraction. The "re-unions," which formed a pleasant feature of medical society last winter, will be resumed during the coming season, and, with the coöperation of the profession, it is believed that the association will carry out the good ideas upon which it is based.—*Med. Record*.

#### A Powerful Microscope.

The most powerful microscope ever constructed has been made by Messrs. POWELL & LEALAND, and described in a paper read before the Royal Society of London, England. The power of this instrument is fully double any which had ever been constructed previously, and altogether exceeds what had before been considered the utmost attainable limit of perfection in this instrument. This powerful microscope magnifies 3,000 diameters with its lowest eye-piece, and 15,000 diameters with its piece of the highest power—the latter being equivalent to magnifying no less than 1,575,000,000, or making an object appear that number of times larger than it really is! How immensely must such an instrument increase our knowledge of the lower organisms; may it not even enable us, eventually, to determine the ultimate constitution of matter? It must at least greatly aid the scientist in his researches in that direction.—*Druggists' Circular*.

— ACCORDING to the judicial statistics, there are 3,100 drunkards in the city of Liverpool.

— IN Paris the police have discovered a slaughter-house for horses, which daily sends its products to the markets as beef. The establishment was closed.

— PROF. PILZ the oculist and author died recently at Prague, in his forty-fifth year.

— THE supporters of spontaneous generation have found a new disciple in M. DONNÉ, Dean of the Faculty of Medicine of Montpellier.

— FROM Sept. 12th to Oct. 1st there were 24 cases of cholera and 9 deaths in Aurora, Ind.

— AGRICULTURAL COLLEGES will be established in nineteen states, that number having accepted the provisions of the acts donating lands "for the benefit of agriculture and the mechanic arts," and received land and land-scrip amounting to 4,950,000 acres. Other States will yet undoubtedly avail themselves of the privileges of this act.

— DR. RUTHERFORD HALDANE has resigned the editorship of the *Edinburgh Medical Journal*, and is succeeded by DR. SAUNDERS.

## Army and Navy News.

### NAVY.

List of changes in the Medical Corps of the U. S. Navy, during the week ending October 6th, 1866.

Surgeon Wm. Johnson, Jr., detached from the U. S. Ship Beinnville, and placed on sick leave.

Surgeon John S. Kitchen, detached from temporary duty at Marine Rendezvous, Philadelphia, and placed on waiting orders.

### MARRIED.

BACKUS—HAYWARD.—In Jersey City, N. J., October 1, by Rev. John Hanlon, B. P. Backus, M. D., of Freetown, Cortland co., N. Y., and Miss Sarah A. Hayward of the former place, recently of Baltimore, Md.

BAIR—FOSTER.—September 15th, at the house of Mr. Craig, of Oakland, by Rev. Mr. Russell. Dr. John B. Bair, of Indiana co., Pa., and Miss Sue E. Foster, of Pittsburgh, Pa.

CHASE—LLOYD.—In Lynn, Mass., September 13, by Rev. H. V. Degen, Dr. Horace Chase, of Boston, and Miss Nettie Holbrook, daughter of Joseph A. Lloyd, Esq., of Lynn.

HAISEY—ETHERIDGE.—At Montrose, Pa., September 27th, 1866, by Rev. Jacob G. Miller, Calvin C. Halsey, M. D., and Miss Mary Etheridge, all of the same place.

KELLOCK—BROWN.—In Perth, Canada West, September 26, by Rev. Thomas Henderson, Dr. J. D. Kellock and Elizabeth T. Brown, of Andover, Mass.

SANBORN—DEFREES.—In Piqua, Ohio, September 12th, at the family residence of the bride, by the Rev. D. Shephardson, Dr. Francis A. Sanborn and Miss Georgie Defrees.

SUMNER—BEERS.—October 3, at Utica, N. Y., by the Rev. Theodore White, Dr. Albert E. Sumner, of Brooklyn, L. I., and Louise Beers, daughter of the Hon. George D. Beers.

VAN HOOSEN—BREWSTER.—On the 2d inst., at the Presbyterian Church, Goshen, N. Y., by the Rev. Dr. Snodgrass, Dr. J. B. Van Hooten, of Stamford, N. Y., and Lottie Brewster of the former place.

VANDERBECK—McMUNN.—At Port Jervis, N. Y., October 4, by the Rev. S. W. Mills, Frank J. Vanderbeck, of Jersey City, and Louise, daughter of Dr. John B. McMunn.

WILSON—MILLIKEN.—On the 4th instant, by the Rev. James C. Lavery, Rector of St. John's Church, Bellefonte, Pa., Dr. James F. Wilson and Louisa, daughter of Samuel Milliken, Esq., of Philadelphia.

### DIED.

DEVINES.—In New York, suddenly, September 28, Clara A., wife of Dr. William Devines, aged 47 years, 3 months, and 16 days.

HUNT.—In Cincinnati, September 28th, Sarah Grace, youngest daughter of Dr. James G. and Sarah E. Hunt, aged 5 years and 1 month.

PETHERBRIDGE.—At Westfield, N. J., September 22, Ida Ruthella, only daughter of Dr. John and Elizabeth Petherbridge, aged 14 years and 10 months.

## ANSWERS TO CORRESPONDENTS.

*Dr. O. W. S., Reading, Vt., and others.*—The retail price of Banning's Abdominal and Spinal Shoulder Brace is \$20. The instrument is somewhat extensible—but it is better to give the following measurements, taken over the linen, the tape not drawn too tightly: 1. Number of inches around the pelvis, two inches below the crest of the ilium. 2. Around the chest, just below the axilla. 3. From each axilla to crest of ilium. 4. The height of the person. For any information, address, Dr. E. P. Banning, No. 11 St. Mark's Place, N. Y.

*Dr. G. D., Galveston, Texas.*—A very complete microscope sent you by Express on the 6th inst.

*Dr. W. M. W., Reading, Pa.*—A wired skeleton sent you by Express on the 1st inst.

*Dr. T. C. L., Middletown, Pa.*—Callabar bean gelatine sent by mail 2d inst.

*Dr. W. T. G., Lexington, Miss.*—Ecraseur sent by Express 2d inst.

## METEOROLOGY.

September,	24,	25,	26,	27,	28,	29,	30,
Wind.....	N. E. Clear.	S. E. Clear.	E. Rain.	W. Clear.	N. E. Clear.	N. E. C'd'y. Rain.	N. E. C'd'y. Shw'r.
Weather.....	{						
Depth Rain.....			1 9-10			1 2-10	1-10
Thermometer.							
Minimum.....	48°	50°	61°	46°	49°	50°	51°
At 8 A. M.....	56	58	68	54	56	59	63
At 12 M.....	63	66	78	66	67	64	70
At 3 P. M.....	64	68	65	67	64	65	70
Mean.....	57.75	60.50	68.	58.25	59.	59.50	63.50
Barometer.							
At 12 M.....	30.4	30.3	30.	30.2	30 4	30.3	30.1
Germantown, Pa.				B. J. LEEDOM.			

MEDICAL DEPARTMENT OF THE  
UNIVERSITY OF VERMONT,  
AND  
State Agricultural College,  
BURLINGTON, VERMONT.

The next Annual Course of Lectures in this Institution will commence on the first Thursday in March, and continue sixteen weeks.

## FACULTY:

JAMES B. ANGELL, A. M., President.

SAMUEL WHITE THAYER, M. D., Burlington, Professor of General and Special Anatomy.

WALTER CARPENTER, M. D., Burlington, Professor of Theory and Practice of Medicine, and Materia Medica.

JOSEPH PERKINS, M. D., Castleton, Professor of Obstetrics and Diseases of Women and Children.

HENRY M. SEELY, M. D., Middlebury, Professor of Chemistry and Toxicology.

JOHN ORDONAU, M. D., New York, Professor of Physiology and Pathology.

ALPHEUS B. CROSBY, M. D., Hanover, N. H., Professor of Principles and Practice of Surgery.

CHARLES PAINE THAYER, M. D., Quincy, Mass., Demonstrator of Anatomy.

S. W. THAYER, Burlington, Dean of Medical Faculty.

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For full Course of Lectures.....	70 00
Third Course Students.....	20 00
Graduation.....	25 00

Ample supply of Dissecting Material at cost.

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**SURGICAL INSTRUMENT MAKER.**—LOUIS V. HELMOLD, No. 135 South TENTH Street (opposite the Jefferson Medical College), Philadelphia, manufactures and keeps constantly on hand a general assortment of SURGICAL INSTRUMENTS, of the finest quality and most approved pattern.

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PHILADELPHIA  
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No. 920 Chestnut Street, Philadelphia.

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H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D.

D. MURRAY CHESTON, M. D.

HORACE WILLIAMS, M. D.

The Philadelphia Summer School of Medicine will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations and Lectures* will be given during April, May, June, and September.

FEE, \$50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, and in Practical Obstetrics. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend women in confinement, and to make microscopical and chemical examinations of the urine. The class rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-books, Microscope, Chemical Reagents, etc., will be constantly open for study.

**SURGICAL DISEASES OF WOMEN.** A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypt; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulae.

**PERCUSSION AND AUSCULTATION** in Diseases of the Lungs and Heart will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of patients.

**WINTER COURSE OF EXAMINATIONS** will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

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